

Residential Care Services (RCS)
Operational Principles and Procedures for
Adult Family Homes (AFHs)
FULL INSPECTION
OBSERVATION OF CARE

I. Purpose

To give the Licensors an opportunity for observing resident care delivery to determine if the resident is receiving appropriate care and services.

II. Authority

RCW 70.128.090

RCW 70.128.130

III. Operational Principles

- A. The observation of care will focus on ensuring the care provided reflects appropriate training, is consistent with the needs of the resident, and upholds the resident rights for quality of life, dignity, privacy and choice.
- B. The Licensors will make:
 - 1. Comprehensive observations of two residents selected in the sample for comprehensive review, including of resident care; and
 - 2. Informal observations of the other sampled residents.
- C. Formal and informal observations occur throughout the inspection process.
- D. All Licensors will observe personal care such as helping a resident walk, transferring a resident from a bed to a wheelchair, turning/repositioning, providing oral care, providing fingernail and foot care, assistance with dressing, and assistance with eating.
 - 1. Only a Licensors who is a licensed nurse may observe personal care that requires privacy protection for the resident such as catheter care, peri-care, use of a bedpan, and bed baths.
- E. All Licensors may assess a resident's skin condition.
 - 1. Only a Licensors who is a licensed nurse may perform a clinical assessment of a resident's skin condition and/or observe a resident's genitals, rectal area, and, for females, the breast area.

IV. Procedures

Informal Observations

The Licensors will:

- A. Observe the general appearance and demeanor of residents during the entrance and tour.
- B. Note any residents who express problems or concerns or those residents who appear to have unmet care needs during the entrance and tour.
- C. Observe all residents for participation in activities.
- D. Continue observing care of residents throughout the inspection.

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- E. Record informal observations and issues regarding resident outcomes (*actual or potential*).
- F. Note any long-term care workers who do not have appropriate knowledge of the home or do not reflect the skills, abilities, and knowledge obtained through basic/population-specific training.

Formal Observations

The Licensors will:

- A. Collect further observational data if resident interviews and/or informal observations reveal concerns/issues. The observations may occur during the resident, manager, and staff interviews or at varying times during the inspection when resident care is provided.
- B. Obtain permission from the resident, if possible, to observe the long-term care worker providing any assistance with personal care.
- C. Not touch or examine a resident on your own. Request the provider or staff to provide the direct care if the resident agrees.
- D. Ensure the health and dignity of the resident is addressed at all times. Respect the resident's right to refuse.
- E. Notify the Field Manager, if you are a long-term care licensor, to involve an RCS licensed nurse when you identify potential problems with clinical or nursing care issues such as wound care, incontinence care, pressure sore, or injury.
- F. Document formal observations including description of observation, resident name, long-term care worker/provider name, date, time and location of observation. **FORM D (Environmental Tour)**, **FORM E** (Comprehensive Resident Interview), **FORM H¹ and H²** (Provider/Resident Manager Interview and Staff Interview), **and FORM K** (Residential Care Services Notes).

V. Information and Assistance

GENERAL OBSERVATIONS:

- A. Respect the resident's dignity, choice, quality of life and right to privacy at all times;
- B. Staff to resident interaction during care;
- C. Technique and knowledge of the long-term care worker requirements;
- D. Occasionally, leave what you are doing to walk through the home, making observations;
- E. Informal observations may be prompted by information obtained throughout the inspection process including the resident or staff interviews; and
- F. Observation of resident care along with further data collection, such as additional observations, will help the Licensor decide if the needs of the residents are being met appropriately and adequately.

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SPECIFIC OBSERVATIONS:

- A. Behavior of residents and level of cognition;
- B. Resident's level of comfort, signs of pain;
- C. Appropriate infection control practices;
- D. Appropriate assistance provided for the level of care needed by the resident;
- E. Inclusion of resident's participation in the care task to the level of their ability;
- F. Personal hygiene including oral hygiene, grooming, body odors, nail care and hair care;
- G. Visible skin conditions (dryness, bruising, wounds or breakdown)
NOTE: any assessments of open wounds will be done by licensed nursing RCS staff, with the provider/staff present to assist the resident;
- H. Mobility;
- I. Functional risk factors such as positioning, vision deficit, restraints;
- J. Appropriate clothing for season, dignity, and comfort;
- K. Physical care provided using safe practices and appropriate handling;
- L. How the resident responds to the care provided; and
- M. Resident involvement in daily activities.



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